


THE PHYSICAL DIMENSION OF HEALTH

The Neglected Aspect of Pastoral Care

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The crest of the University of Stellenbosch is centered behind the text. It features a shield with a blue and white checkered pattern, a red cross, and a red banner at the top. The shield is surrounded by a red wreath. Below the shield is a small banner with the Latin motto "Pectora puerant cultus recti".

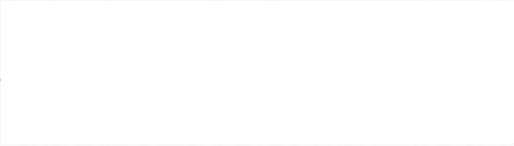
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Declaration

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

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Abstract

Humankind has made great progress over the centuries in gaining an understanding of how the human body works. This has all been in an attempt to bring about health and healing where there appeared to be an unbalance in the body's normal functions. The mind also later became an object of study to address its relation to humankind's physical health. Later, social dimensions of health were also identified and were attended to. Yet, much disease and ailments seem to still plague our societies and communities.

Theology in the name of pastoral care had been faithfully adding the spiritual dimension to healing. But it was only in the recent wake within practical theology that the theological sciences had entered into meaning conversations with other disciplines. These developments within practical theology raised a lot of question both inside and outside of the theological discipline. At the same time, this new vibrant branch of theology built bridges with the medical sciences, social and behavioural sciences, management sciences, just to name a few.

This study highlights the developments specifically around the scientific nature of theology and the conversation it had over the decades with medical science. It becomes clear that this dialogue is necessary as both theology and medicine have a common interest. They both complement each other's dimensions and they address humankind in their state of pain and suffering.

By covering the historical development of theology and medicine, proving their credibility as scientific disciplines, and pointing to their struggle with the dualistic concept, this study proposes to the Church and its healing ministry to restore wholistic healing in collaboration with the government services and local community structures.

Opsomming

Mensdom het groot vordering gemaak oor die eeue deur kennis te versamel aangaande hoe die menslike liggaam werk. Dit was alles 'n poging om gesondheid en geneesing te voorsien waar dit gelyk het na 'n wanbalans in die liggaam se normale funksies. Die verstand het ook later 'n objek geword van studie om die verhouding van die mensdom se fisiese gesondheid te ondersoek. Later was die sosiale dimensies van gesondheid ook geïdentifiseer en aandag gekry. Tog, het vele siektes en lyding nog steeds die gemeenskap geïl.

Teologie het in die naam van pastorale sorg toewyding gewys deur spiriteuele dimensies van gesondheid bygedra. Maar dit was in die onlangse ontwaking binne praktiese teologie dat die teologiese wetenskap die ander dissipline as waardevol gesprek ingegaan. Hierdie ontwikkelinge in praktiese teologie het baie vrae laat ontstaan binne as ook buite die teologiese dissipline. Terselfdetyd, het hierdie nuwe stralende tak van teologie brue gebou met mediese wetenskap, sosiale en gedrags wetenskap, en bestuurswetenskap, net om a paar te noem.

Hierdie studie fokus op die spesifieke ontwikkelings rondom die wetenskaplike natuur van teologie en die gesprek wat die oor die dekades voer met die mediese wetenskap. Dit word duidelik dat hierdie dialoog is nodig want beide teologie and medies het 'n gemeenskaplike belang. Beide komplementeer mekaar se dimensies en adresseer mensdom in hulle staat van pyn en leiding.

Deur die historiese ontwikkelinge van teologie en medies te dek, om hulle te krediet te gee as wetenskaplike dissipline, en hulle stryd met die dualistiese konsep uit te wys, maak die study 'n voorstel aan die Kerk en sy geneesing dienste om 'n holistiese geneesing te herstel in samewerking met government dienste end die plaaslike gemeenskap's strukture.

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TABLE OF CONTENT

TABLE OF CONTENT	7
CHAPTER 1	8
INTRODUCTION	8
1.1 Problem Identification	9
1.2 Hypothesis	10
1.3 Method of research	11
1.4 Objectives of the Research	14
1.5 Delimitations and Limitations.....	15
1.6 Definitions of Terms.....	16
1.7 Concluding Remarks	16
CHAPTER 2	17
QUESTIONS ON THE SCIENTIFIC NATURE OF THEOLOGY	17
2.1 Gnosticism and the problem of dualism in a scientific approach.....	17
2.2 The Shaping of Christian Theology as a Discipline.....	18
2.3 Concluding Remarks	24
CHAPTER 3	26
SCHLEIERMACHER'S PRACTICAL THEOLOGY: A MULTI-DIMENSIONAL CASE STUDY	26
3.1 Attempted Definition of Practical Theology.....	26
3.2 Schleiermacher's Views on Theology as Practical.....	27
3.3 Critique on Schleiermacher's Practical Theology.....	28
3.4 Schleiermacher's Defence	29
3.5 Conclusion on Schleiermacher's Practical Theology as Case Study	29
CHAPTER 4	32
TOWARDS A WHOLISTIC APPROACH IN CARE-GIVING AND THE MEDICAL PROFESSION	32
4.1 Ancient Wholistic Practices: Physical, Spiritual & Social.....	32
4.2 From Wholistic to Dualism: Mechanistic view of Humankind.....	34
4.3 Towards a Wholistic Approach: Perspectivism and the "Fusion of Horizons"	36
4.4 Building Bridges Through Inter- and Multidisciplinary Approaches	38
4.5 Healing and Salvation in Pastoral Care	39
4.6 Healing and Salvation: The Separation of the Secular and the Sacred?	41
4.7 Healing and Salvation: The Bipolar Model Supplemented.....	42
CHAPTER 5	45
THE HEALING MINISTRY OF THE CHURCH: HEALING WITHIN COMMUNITIES AND SOCIAL CONTEXTS	45
5.1 The Church as a Place of Healing.....	45
5.2 Putting Humankind Into Perspective	46
5.3 Ministry of Healing: A Community to Heal	47
5.4 An Alliance: An Avenue of Service.....	49
5.5 Didache Training in Community Health Education.....	50
5.6 Cultural Sensitiveness and Openness.....	51
5.7 Concluding Remarks	52
CHAPTER 6	54
CONCLUSIONS AND RECOMMENDATIONS	54
6.1 Conclusion.....	54
6.2 Recommendations.....	55
BIBLIOGRAPHY	56

CHAPTER 1

INTRODUCTION

Theology finds itself at the crossroad of many centuries of developments in our post-modern, high-tech, pluralistic society. Just as theology has been having impact on society, so socio-economical technological developments and changes have had their impacts on the trends of theology too, to the point that it has also become important for theology to give an account of its beliefs and actions, not explaining them away on the basis of the Church's authority from God, which at times has become an excuse for unaccountability. In the light of these new changes and developments, particularly with regard to the field of practical theology giving to the close relationship it holds with many of the social and medical sciences that are involved in vigorous research and development; the question of the relevancy of the church's healing ministry needs to be clarified. Thus the immediate context of this study is the church's healing ministry.

The metaphor of healing is not new in pastoral care. Healing imagery as a metaphor for ministry has its roots in the Bible, principally in the healing ministry of Jesus. The primary biblical and historical metaphor for pastoral care is the shepherd, but there is a long tradition in the history of the church in which salvation is understood as a kind of cure of the soul. What is new in our time is the centrality and the controlling power this concept has acquired. It may therefore be instructive to identify its principle feature (Couture and Hunter 1995:18).

This attitude of accountability and relevancy has led theology, through practical theology, to engage the modern world and address humankind in their present context, making the Gospel relevant and meaningful in our present pain and suffering. Accountability and relevancy also led to the emphasis of a "professional understanding of ordained ministry in theological education", articulating reason/theory and critiquing in depth what is done in the ministry, how it is done, why it is done, and "who one is" in the practice; and also "articulating these discoveries in a community of professional practitioners" (Couture & Hunter 1995:28). The quest for relevancy has caused pastoral counselling to be seen as a theology practised at the outer parameters of theology, engaging the 'secular' sciences and studies. This to a point, led to the isolation of pastoral counselling from the whole life of the church and the community. However, the need in society remains very great for such services, and the "churches must find ways of making use of the capabilities of all their members to help one another" (Stones & Clements 1991:36). "Healing has always been considered as part of the ministry of the Church in the world" (Bosman 1997:2).

1.1 Problem Identification

This paper looks particularly at the physical dimension of health as one of the neglected priorities of pastoral care. This neglected aspect of pastoral care, which is a vital although not compulsory component of salvation, deprives pastoral ministry from accomplishing wholistic healing. The paper further considers how the inherited philosophies, ideologies, theories, beliefs and doctrines, particularly the Newtonian worldview and the dualistic concept of man as found in Gnosticism; led to a schism found in medical science and theology contributing to the negligence of the physical dimension of health in pastoral care. Dualism also led greatly to the downplaying of the physical by the Church and the idealizing of the physical body by science and modern humanists.

De Gruchy (1999) in *Salvation as healing and humanization* points out three areas, which need exploration in a dialogue between Christian theology and medicine. “The first is medical ethics, the second concerns the practice of medicine, the care of the sick, and the healing ministry of the church, and the third is the more fundamental issue of the philosophical or theological basis of medical science and practice”. It is the third point, which calls for the concerns and a review of pastoral care’s role in the whole of theology. We will consider the philosophical and theological basis of medical science and practice and its implication for medicine today.

South Africans are identifying the striving in the South African black community towards a wholistic healing in the maintenance of traditional approach to healing, despite the acceptance of secularised Western medicine. This yearning is further highlighted by the enormous growth of African indigenous churches where there is healing and humanization of society. Thus there is a mismatch between the needs of South African and the existing health services (De Gruchy 1999:32; Freeman 1995:8). This need for wholistic treatment is not only felt among Africans who strongly maintain traditional forms of healing. The rise of the Christian Science movement among the middle and upper classes of New England in the nineteenth century, and the rise of Pentecostal movement, as proof of a universal need which was not being met either by the churches or the medical practitioners of the day. The wholistic paradigm proposed in the paper is an ancient one, correlating with many religious traditions in the East and the West, Africa and North America. and having “infinities with biblical tradition as well” known as “Israelite thinking” (De Gruchy 1999:33, 38).

These trends should guide us to steer from culture-boundness of “mental-health disciplines [which] have been white middle-class formulation of philosophy, as well as their pattern of service

delivery... Professional education in all fields – law, medicine, theology, as well as the social sciences – has lacked an effective cross-cultural perspective” (Stone & Clements 1991:95). Augsburger (1986) in his book *Pastoral counselling across cultures* provides guidelines that cut across many of the challenges of a wholistic view as found in Africa and other cultures. He states that:

Anyone who knows only one culture knows no culture. In coming to know a second or a third culture, one discovers how much that was taken to be reality is actually an interpretation of realities that are seen in part and known in part. One begins to understand that many things assumed to be universal are local thought to be absolute are relative, seen as simple are complex; one finds that culture shapes what we perceive, how we perceive it, and which perceptions will be retained and utilized; one realises that culture defines both what is valued and which values will be central and which less influential. (1986:18)

1.2 Hypothesis

There cannot be wholistic healing unless all dimensions of health: physical, psychological, intellectual, social and spiritual have been attended to. It is with this understanding that we address the physical dimension of health as the neglected aspect of pastoral care. The Geneva-based World Health Organization, in their striving to wholistic health has revised their perspective on health as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity” (1978:8). This definition indicates that health extend beyond the structure and function of your body to include feelings, values, reasoning and the nature of your interpersonal relationships. A definition that portrays more fully the concept of wholistic health is found in Wright’s unpublished article *Essential wellness*. “When we say we are completely healthy, we are saying that we are experiencing wholistic health i.e. you are physically, emotionally, socially, intellectually and spiritually well” (2000: 11). However we find this statement does not specifically include “spiritual concerns that relate to health” (Allen 1995:12). “Health is very difficult to define. It is never clear what is lost when one has lost ‘good health’. In general, any definition of health is a descriptive and often culturally normative concept that plays a defining role in a given society” (quoted in Pilch). It is for this reason that our paper does not refer to definitions of health, as there are only perceptives of health.

The paper is suggesting that a restoring of the neglected dimension of pastoral care, may not only bring restoration to a proper understanding of man as an undivided whole, but can be instrumental in bringing about restoration of wholistic health that addresses many of our present day diseases, particularly the threat of AIDS. This calls for clergies to see themselves as major contributors to the health/medical services and vital members of the medical team, having a unique position in society, that may, can, and is already having a dynamic impact on individual and community health.

A recommendation is made for pastoral care-givers also to take on a preventative role in their practice, training and ministry, having a hands-on involvement with primary health care, working in full cooperation with and regard for the medical science and the professionals thereof. Their skills and abilities should be transferred by the pastoral care-giver to the Church, training members in preventative and primary health, like the religious education, training and guidance of the parishioner, should be transferred to the Church as a necessary part of their spiritual development and maturity. There should be an attempt to let parishioners also take responsibility for their health, as they should be doing for their salvation, seeing both as their responsibility towards God.

A wholistic approach to health and healing, forces us to look closely at the relationship of healing and salvation, as both seems to have the element of restoration in their application in Christ's ministry and in the fundamentals and history of the Christian Church. "When Jesus had called the Twelve together, he gave them power and authority to drive out all demons and to cure diseases, and he sent them out to preach the kingdom of God and to heal the sick" (Luke 9:1-2). We cannot fully exercising wholistic healing without having placed the physical dimension of health in its proper perspective, thus allowing us to deal with salvation – the full restoration of man. With these hypotheses in mind we turn our attention to the methodologies applied in our research.

1.3 Method of research

In order for the paper to accomplish its task, the researcher digs deep into the crevices of our Christian Church heritage, not to establish a historiography on theology or medicine, but to ensure that in his attempt to do practical theology while faced with real contextual issues at hand, his task does not become a form of social work, psychological analysis, or medical healing attempt. This historical background also highlights the relationship and similarities between theology and science, and their contribution to the developments in health care and medical science.

The method of research used will be a literature study on pastoral care and the healing ministry of the church. We will reflect critically on the developments within theology and science and much of the philosophical reasoning behind these developments.

Our approach to the historical background is qualitative in nature which entails "detail descriptions of situations, events, people, interactions, and observed behaviours; direct quotations from people about their experiences, attitudes, beliefs, and thoughts; and excerpts or entire passages from

documents, correspondence records, and case histories” (Merriam 1991:67). Patton (1980:43) has the idea that the depth and detail of qualitative data could be obtained only by “getting close physically and psychologically” to the phenomena that is being studied. Thus the element of *habitus* seems to be implied, which should be fundamental to our research. We now consider what the advantages of qualitative research are.

Qualitative research unlike quantitative research, which takes phenomenon apart to examine the component parts, strives to understand how all the parts work together to form a whole (Mavhungu 1998:10). It assumes that there are multiple realities, with the world not being objective but a functioning of personal interaction and perception. In this research method “research is exploratory, inductive, and emphasises processes rather than ends” (Guba 1978; Owens 1982; Merriam 1991). Now we take a look at the characteristics of qualitative research.

The characteristics of qualitative research are as follows:

- Qualitative research is often concerned with theory development as an outcome of data analysis, and the design is often used when there is a lack of explanatory theory or when existing theories are inappropriate or inadequate.
- The data emerging from qualitative study are descriptive as the study is primarily concerned with process rather than outcome or product
- It occurs in natural setting, where human behaviour and events occur, thus searching for meaning as to how people make sense of their lives, their experience and interpretation of them, how they structure their social world.
- The primary instrument for data collection and analysis is the researcher, who is interested in understanding how things occur.

These characteristics of qualitative research are very appropriate in our attempt to address the “multiple realities” in pastoral care as health care, and the “inadequate theories” as seen by the medical sciences. The concept of case study will now be considered in the background of Schleiermacher’s *Brief outline on the study of Theology*.

Case studies allow for an “interpretation in context” (Merriam 1991:10). According to Majchrzak (1984:62-63) the advantages of a case study approach are:

- Quick, cost-efficient, and allow room for impressionistic analyses of the situation

- Provide for a more complete understanding of a situation's complexity by examining behaviour in context
- Allows for the identification of behaviours and other variables that are not expected to be related to the social problem; and
- They also allow for participant observation, which involves the investigator serving both as a participant and observer in gathering information on an ongoing process that can provide a valuable insight into casual factors and preliminary findings.

Schleiermacher's order and scheme on the unity of theology, including his life situation out of which his *Brief Outline* developed becomes not only as a guideline for practical theology, but also a case study of practical theology and the developments within the sub-discipline of pastoral care. His fundamental work becomes the beginning of a turning point in pastoral care, from the theorizing within theology and pastoral care to the experiential, and later towards Boston's personalism and empirical theology of the Chicago school (Couture & Hunter 1995:33).

We will be attempting to bring about a "fusion of horizons" by drawing on the Gadamerian hermeneutical method. What is appealing in this method? It is ontological and not just methodological, shedding light on scientific and non-scientific phenomena alike. "Hermeneutics has to do with bridging the gap between the familiar world in which we stand and the strange meaning that resists assimilation into the horizons of our world". The process of understanding taking place in the "fusion of horizons" is seen more as a dialogue between persons than a "traditional model of a methodological controlled investigation of an object by a subject" (Introduction, Linge 1976:xii, xix-xx). Louw (1999:1) has the following to say:

The challenge facing pastoral theology is to develop a model, which not only takes the salvation of the Gospel seriously, but also tries to understand and to interpret our human existence within contexts and relationships. What is at stake is the communication of the Gospel in terms of the life experiences of human souls, and vice versa. *This challenge is essentially a hermeneutical one* (emphasis my own)

Louw further states that:

The issue that is currently central in a theological approach to the discipline of pastoral care is this: how the good news of the Kingdom of God and salvation should be interpreted in terms of human experience/reality and social context so that the substance of our Christian faith may contribute to a life of meaning and quality.

1.4 Objectives of the Research

The immediate objective of this paper is for pastoral care to look critically at its essential role of *cura animarum* - cure of the human soul (Louw 1999:1). When speaking of the 'soul' we are not referring to a part of human, but to the whole being with all its dimensions. "Cure of the soul" implies wholistic healing. Thus we have to address the dualistic concept of man, and the problems arising from science and theology that gave rise to an "epidemic" in the healing ministries of both medical science and theology. Our hope is to restore the concept and practice of wholistic healing with a positive regard for the physical, by redressing the dualistic nature of man, particularly with regard to the neglected dimension of physical health in pastoral care. By addressing dualism we hope that the disciplines of science and theology will be reconciled to a working relationship to attend to humankind wholistically.

In order for us to restore a wholistic view of man meaningfully, we allow for science and theology to go into a dialogue. In so doing we consider two of the three suggestions De Gruchy advises us to explore: "the practice of medicine"; "the care of the sick, and the healing ministry of the church"; and the "philosophical, ideological or theological basis for medical science and practice" (1997:32). This suggestion sets the tempo of this research allowing us to look at the historical developments of theology and science that have led to the present conceptions of health and healing. This will allow for theology through pastoral care to find the areas for building bridges with medical science and health care.

In dealing with our present understanding of health and healing, we turn to the role of the minister and the healing ministry of the church. Our objective here is for the minister to build bridges with the medical sciences by becoming actively involved, "getting close physically and psychologically" (see Patton chapter 1.3) to the health ministry, which was also "a central element of Jesus' ministry" (De Gruchy 1999:34). Pastoral care is to become more than a psychodynamic approach which focuses on a one-to-one basis, but rather an approach of group dynamics and family systems (Couture & Hunter 1995).

Another challenging and worthy objective, is for the pastoral care to develop models or systems of research operating from a vantage point of theology. Many theories and methods from secular sciences have been of great benefit to the area of theology and pastoral care, such as psychodynamics and development theories. However, "if pastoral representatives are to face the complexities of a post-

modern world, they need a rich and multi-perspective theological vantage point. Care-givers must be as versed in the literature of traditional and today's theology as they are in psychodynamic theory" (Couture & Hunter, 1995:171). Pastoral care and theology, in its engagement with the social and medical sciences, should work across disciplinary lines, not following the education that has allowed itself to be compartmentalized into fields or disciplines which each yield an incomplete picture of social reality "obscuring the relationships between person and system", resulting in a reductionistic view of humankind (Stone & Clements 1991:100).

It is the researcher's objective that the Christian community should be mobilized to "continue to work out *sic* [their] salvation with fear and trembling" (Philippians 2:12). Like salvation, the congregation's health also becomes their personal responsibility towards God, which the minister has to promote through word and action. After having internalised and crystallized the message of salvation and wholistic healing, the congregation will then be able to promote this lifestyle to the broader community through "health care promotion activities using the non-professional volunteer to become a healer manifesting the salvation of the kingdom." Training and training of trainers should be given by Christian health professional in "physical, psychological, socio-economic and spiritual help at front-line promotion, preventive, and basic curative and rehabilitative levels" (Allen 1995:26). Physical dimensions of health should be addressed as part of the Gospel commission of the Church.

The tasks as outlined in the objectives appear to be a very comprehensive one, which may be beyond the scope of this paper. However, the researcher hopes to lay the foundation to stimulate a new dimension of thinking and discussion with regard to physical health in pastoral care. This will allow for theology to be responsible and true to its task of portraying a wholistic view of humankind that is reflected in the actions of pastoral care, and in "interpreting the good news of the Kingdom of God and salvation in terms of human experience/reality and social context" (Louw 1999:1). This research paper hopes to build this process of thinking and discussion on some of the foundations laid by other pioneers in the field of pastoral care and theology.

1.5 Delimitations and Limitations

a) Delimitations

We will attempt to focus on the physical dimension of health in pastoral care, but to it being one of the many dimensions of wholistic healing that only finds meaning in its relationship with the psychological, social, mental and spiritual dimensions of man, we will be constantly referring to these

other dimensions and at times elaborating on them to give a clearer understanding and function of the physical dimension. One dimension that keeps coming up in this research is the social dimension. This is because “health and healing are integrally related to our life in society” that is “implicit within the practice of medicine, usually as an unexamined *a priori* assumption” (De Gruchy 1999:44).

b) Limitations

Our proposal in the final chapter on the Church’s ministry of wholistic healing, with the inclusion of the physical dimension, introduce two limitations: firstly, it has not been supplemented by the researcher’s empirical research in order to observe the outcomes of the proposal; and secondly, it lacks empirical research which has been done in South Africa as a point of reference. Most of the suggestions given in this chapter are based on research done in North America.

When considering the three areas in a dialogue between Christian theology and medicine suggested by De Gruchy (1999) (see chapters 1.2, 1.4), we exclude medical ethics in our discussion, not because of its unimportance, but owing to it being beyond the scope of this research.

1.6 Definitions of Terms

Wholistic health care: An interdisciplinary approach to health care in which patients play an active part in their own health planning. The emphasis is as much on health as on treating illness and involves treating the whole person physically, spiritually, socially, and psychologically.

1.7 Concluding Remarks

In the following chapter we will consider the philosophies, ideologies, theories, beliefs and doctrines as they are found in theology (chapter 2), in order to clarify and establish its credibility to address the matter of health. We consider Schleiermacher’s practical theology in chapter 3, to have a closer look at the fundamentals of practical theology as they are spelled out in present pastoral care tradition. In Chapter 4 we look at the practice of medicine and the caring of the sick, trying to trace the wholistic view from early times until today. We further try to establish bridges between theology and medical science in an attempt to restore the dualistic view of man and establish the relationship between healing and salvation. Chapter 5 takes a close look at the healing ministry of the Church as *shalom* – harmony. With an attempt for a theological correction of the ‘corrupt’ nature of man, an alliance is recommended to bring across a ministry of healing and salvation in which humankind becomes responsible for its personal well-being.

CHAPTER 2

QUESTIONS ON THE SCIENTIFIC NATURE OF THEOLOGY

The cry for a wholistic healing method has being raised by the pastoral care tradition as seen in the works of Clinebell and others who long for a feeling of “*shalom*”. “The felt need for *sic* [wholistic] healing and humanization is found in all communities, however, irrespective of race, culture or class” (De Gruchy 1999:32). This plea has been recognized in South Africa, by the greater use of traditional healers, who seem to do better than medical practitioners in certain types of disease (Chavunduka 1995:292). This and other factors has led the South African Government of National Unity, to develop policies of traditional healing in South Africa (Machungu 1998). The response of the Church and medical science to this yearning of a *shalom* has led to the search for an understanding of the nature of man in consultation with the human social sciences. Centuries-old disputes between theology and science are laid aside in order to collaborate in a response to humanity’s cry for “humanization”.

In a dialogue with medical science, the question on the scientific nature of theology is raised, as scientific methodology is the domain which science has claimed for itself. The question is asked, is theology truly scientific enough to address the issue on the dualistic nature of humankind or to relate to a wholistic concept of healing? We now explore the dialogue of theology and medicine by first considering the “philosophical, ideological or theological basis of medical science and practice”.

2.1 Gnosticism and the problem of dualism in a scientific approach

Gnosticism, which assumed a sharp disjunction between matter and spirit, and claimed possession of a secret knowledge/*gnosis*, was one of the Greek religions that greatly influenced Christianity with enduring effects. Also **Stoicism**, a pantheistic philosophy, which drew from the Aristotelian tradition, had a marked effect on Christianity. **Neoplatonism**, although younger than Christianity, had appealing religious qualities, such as control of the flesh and its desires, and purity of the human soul (Latourette, 1973: 26, 27). Gnosticism was believed to be a theological system that attempted syncretism between Christianity and Hellenistic religions (Webster, 1993). Thus theology was a term appropriated from Hellenistic philosophy, meaning *knowledge of God* (*episteme*, or in Latin *scientia*), “a cognitive disposition in which the self-disclosing God is grasped as disclosed”. Yet the term theology was not used in Christian circles in this early age of Christian history (Farley, 1983).

2.2 The Shaping of Christian Theology as a Discipline

The term “theology” was never used in the early history of the Christian church, despite the dialogue that Jewish-Hebrew Christianity had with Hellenistic Greek paganism. Paul, who was schooled in Greek thinking, was better able to articulate the Christian message to the Greeks and Romans. Early Christians did not want to accept the term “theology” because it was related to pagan gods and used by the Greeks before Plato. Plato used it for myths in which Greeks recount the doing of their gods. For Eusebius, “theologise” means to refute pagan gods in all their forms by confessing the Creator and Logos (Christ) as God (notes taken from lecture by Dr. John Webster, 12 September 1993).

Leading Christians like Augustine (354 A.D.) are said to have brought about a merger of Christianity, Neoplatonism and Stoicism. With Paul, he applied reason to faith, rejecting the Greek use of reason (Webster 1993; Latourette 1973:250). During Augustine’s time we noticed much polemics concerning reason and faith in Christian theology. Christianity took over certain words from Greek, giving them new terms to express their convictions. However, many of them were unsuccessful, as these terms carried with them “their pre-Christian and even anti-Christian connotations” (Latourette, 1973, 250). Farley warns that in our attempt to form an “analysis, criticism and reconstruction of theological education [we] require a descriptive uncovering of concepts and imageries formed in past epochs and still operative in the theological schools” (1983a: 29).

During the fourth and fifth century, “theology” was restricted to the Doctrine of God, which included the divinity of Christ. This was followed by the period known as the Dark Ages (500 – 950 A.D.). During this time, the dominant cultural force were the Arab Muslims. This was a time of few theological developments. Transition of theology as a doctrine about God to theology as a comprehensive scientific system took place in the 12th century. Theology as a science slowly became distinguished from the other sciences and eventually philosophy. In the thirteenth century, the theological faculty came into existence for the first time. However, portions of Aristotle’s works and that of Philo, from the pre-Christian world, were used in theology to, for example, distinguish and harmonize faith and thinking (reasoning). There were two divisions of Aristotelian theology, *theoretical* (speculative) and *practical* (Webster, 1993). Later, more of Aristotle’s works, translated into Arabic, became available (Latourette, 1973: 497). The discovery of the works of Aristotle by the Arabs, lead to a great theological rediscovery.

Farley ascribes to the Middle Ages the theology of *habitus* (a disposition, habit of *wisdom*) and also addresses the ambiguities within all these terminologies of theology as found in *episteme/scientia*. These terms could be translated as “knowledge, a habit of the soul” or “enterprise of investigation or reflection”, or discipline, or sciences as in “Aristotle’s classification of sciences in the *Metaphysics*” (Farley 1983b).

Thomas Aquinas, like Augustine, inquired into the relationship between faith and reason (Latourette 1973:498). He transformed Aristotle and produced much of modern Christianity, as we know it today. He did this by fusing Aristotle with Augustine’s Platonism thought to form Christian thought, bringing *practical wisdom* (praxis) and *scientific wisdom* (theoria) together. This was known as the beginning of Scholasticism (Webster 1993).

A laborious attempt is made by Farley (1983a, 1983b:34-36), to categorize the trends in theology from the Early Christian Church until the present. In the first eleven centuries, he identifies theology in the first sense as ‘salvifically oriented knowledge’, and a second sense of ‘cognitive enterprise using appropriate methods’ (*episteme* and *scientia*). The period between the twelfth century and the Enlightenment (seventeenth century), he sees as having shared characteristics with the previous epoch. There was a coming together of the patristic doctrines, and the schools where learning from philosophy to express classical scheme. This accompanied a distinction between theology/knowledge and theology/discipline (of the next epoch). The Christians in this period portrayed knowledge (*scientia*) as habit/*habitus*, which to them meant ‘enduring orientation of the soul’. The debate among Dominicans and Franciscan, Catholics and Protestants, Lutherans and Reformers, was what kind of knowledge (habit) theology was. The dominant position, which later became the theme from the Renaissance up to the American seminaries, was that theology is *practical*, not theoretical (Farley, 1983: 39).

Theology as *discipline*, also promoted by Thomas Aquinas and the schoolmen, came into being. Here theology was in the university faculties, like law, medicine, arts, and philosophy, not a “cognitive *habitus* of the soul, but a deliberate and methodological undertaking whose end was knowledge”.

The third period, from the Enlightenment to the present, is said to have the two genres of theology undergoing radical transformation to such an extent that these original senses disappeared. Schleiermacher was instrumental in his attempt against the anti-Enlightenment programme to maintain the relationship between theology and practice, although he was criticized for narrowing his practice

down to the clergy and their leadership task - 'practical know-how necessary to ministerial work'. In an attempt to correct a scholastic-scientific approach to theology, pietism conceived theology as *discipline*, stressing preparation and training for tasks of ministry. But it was the Renaissance along with the Reformation (Enlightenment), which effected the pluralization and specialization of theology', turning theology the one science into theological sciences or theology/*faculty*. The theological encyclopaedia, which Farley regards as the most radical "dispersion [of theology] into a multiplicity of sciences" followed soon after (Farley, 1983: 24, 41, 49).

Early scientific inquiry remained purely a discipline of inquiry and theorizing, with very little practical research work being done by the scientists. In the early years of scientific formation, science and theology experienced many encounters without much rivalry or commotion. The greatest rivalry between science and theology started with scholasticism and increased with the introduction of theology as an academic discipline. Greek philosophies, ideologies and religions have shaped much of the history and practice of Christianity, science and health practice. Some of these influences of Greek philosophies enhanced and illuminated these practices, while others were a threat and a detriment to the coherence of Christianity and medical science. At this point, we consider the meaning of the word "science".

Scientists are engaged in observing nature, in the empirical study of details and are apt to attribute to the material which they study the status of universal essence. Within the field of science itself, there is much revolt and struggle as to where science should begin, resulting in physicalism, biologism and psychologism, each claiming itself as the centre of scientific thought (Ledermann 1985:109). Hergenbahn (1992) offers a definition which defines science as "a way of answering questions about nature by examining nature directly, rather than by depending on church dogma, past authorities, superstition, or abstract thought processes alone ... its ultimate authority ... empirical observation ... [that is] organized or categorized in some ways". He goes on to say that the reason why science is powerful is that it uses two ancient methods of *rationalism* and *empiricism*. For pastoral care, this becomes a major problem in its quest for scientific knowledge, which includes both the psyche and social context as vital sources of knowledge (Louw 1999:25).

In the struggle between theology and science, many of the influences spread from one school to another, like the Dominicans and the Franciscans. Sometimes, difference might exist to in the same school, or members, who remained orthodox, might be in disagreement with the Church. Latourette

(1975: 496) points out that even during Scholasticism, ecclesiastically founded universities multiplied in which theology, as a more highly honoured subject, was studied along with law and medicine. Much of modern science had its early beginning at these Christian universities which developed from monasteries. An example is Roger Bacon, a Franciscan, who was a forerunner of modern science and who transformed Aristotle's philosophy of science. Greek philosophical thought, especially Plato and Aristotle, was inherited by both theology and the sciences. The Renaissance brought along new tensions between theology and science, bringing with it Humanism which expressed "appreciation of life in this present world" (1975: 552, 604). This was also the start of the development in the social sciences and personalizing of religion. Anti-Aristotelianism was high (Hergenhahn 1992: 80).

Science, despite the different genres it had acquired through time, was no stranger to the Church and neither has it been practised in isolation from the Christian Church and theology. Many names, such as Bacon, Duns Scotus, Grosseteste, and William of Ockham, associated with church developments, have been great contributors of the scientific enterprise. Interestingly, Bacon also proposed the unification of science, in service of theology (Locke 1985). Joutsivuo (1999), wrote a book in which he shows how the concept of *neutrum* (neutral), had been debated between the scholastics and the humanists. The greater split between theology and science came during the development of modern science along with the Renaissance. It was as a result of the recovery of Archimedes and other ancient mathematical texts that the scientific revolution developed. This, together with humanism, directly impacted on the development in medical science (Joutsivuo 1999: 14). Thus it might be safe to conclude that the Church did not discourage scientific exploration and inquiry, nor was science seen as an "enemy" of the Church.

The exploring and inquiry into the sciences by great leaders of faith does not say that scientific inquiry was the same as theological inquiry and debate. Poythress uses analogies to point out the differences under which science and theology operate. "In science we are accustomed to seeing one model [analogy] used as the key element in a particular theory. Other proposed models [analogies] are discarded when one model gains dominance". He refers to the historical-critical method as that which claimed to have been using a scientific approach in theology. However, the Bible is full of "the use of multiple analogies" (1988:103-5). Historical critical method has already showed itself to be lacking, with social scientific criticism offering more (Elliott 1993), and its attempt to free interpretation from commitments and experiences as illusionary (Poythress 1988). Even the homiletic theories, which have

also been the centre of this debate, saw the historical critical method with liberalism, as “past the era of their ascendancy” (Eslinger 1994).

We notice that the trends of theology are very much influenced by the same forces of philosophies and theories, at times even encountering each other regarding matters of common interest, although scientific theories dispersed themselves among more disciplines than theology in the early years. Between science and theology it does not appear that there was a nullification of one by the other. All encounters regarding critique were to call each other to accountability. Thus, can we really speak of a “battle” between science and theology?

Is science a suitable guide, then, for biblical interpretation? Science itself, it turns out, is not purely objective and neutral. That is science is not unaffected by commitments, assumptions, and philosophies. Until recently, most people have thought that science presented a totally objective analysis of the facts. But recent examinations of the history of science has cast doubt on this assumption (Poynthress 1988:21).

After the Government of Rome was at peace with the Church due to the efforts of Constantine, 310 A.D., the Church started exercising the authority of the state. and the Emperors maintained their power in the Church (Latourette, 1973: 184). All theological and scientific matters within the Church, had to be authenticated by the religious leaders. They set up Councils and pronounced things to be doctrine and law, or unacceptable. Many a time, decisions were not made on the basis of critically objective logic, but rather on the basis of personal threat to authority, not wanting to denounce what was traditional. This we notice in the example of Galileo Galilei’s *heliocentric* theory, which was in opposition to the Ptolemaic *geocentric* system, which the church adhered to. This incident resulted in René Descartes withholding his manuscript *Le Monde* (a mechanistic interpretation of the universe within which all changes are caused by impact or pressure) and attempting to publish it through other sources (Locke 1985: 52). Scientists started developing negative attitudes toward the Church authorities, and used their studies to refute what some theologians were doing. Some of these accusations were legitimate, and some out of revengeful retaliation.

Among the scientists too, were those whose theories were unfounded, speculative hearsay and unscientific. Many scientists, even up until the nineteenth century, were still captivated by myths and superstitions (Inglis 1965). Even within the field of science itself there are those, who claimed themselves authorities in a certain field, and were not willing to adapt to new views of insight that contradicted theirs. Thus war raged among the different schools of science. Kuhn (1962) further goes

to show that a lot of what happened and is still happening in science, was and is influenced by prejudices, making research just an attempt to force nature into conceptual boxes supplied by professional education. The theory of evolution was a subject that caused strong debates between scientists and theologian. Gould (1981) and Burkhart (1998) both address the issue of the manipulation of scientific methods to prove preconceived misconceptions that degraded the view of certain races.

Despite the association and relation of science and theology in the early centuries, science has very much developed its own agenda, forming new assumptions, supposition totally different from philosophical 'paradigms' of theology, branching off into new areas of social science. This in no way disputes some of the brilliant contributions that science has made and is still making towards society, past and present. But it will always remain the task of theology to look critically at all areas which it interacts with, thus making sure it does not come short of its theological task to the Church and the community at large. Theology can be scientific, but not according to the positivistic paradigms of science as its guide for scientific models as it is not "unaffected by commitments, assumptions, and philosophies" (Poythress 1988: 23)

In spite of the differences found between theology and science, it cannot be said that theology was at all times unscientific and intolerant to new developments. In fact we have seen that many of the developments in the scientific world have been encouraged by the Christian world.

Specific scientific theories do affect biblical interpretation at least to the extent that they become the occasion for reassessing the interpretation of a few passages (Gen. 1-2; 6-8). In the light of scientific conclusions that we have drawn from a scientific theory are warranted, or in some cases to ask whether the theory as a whole is suspect. Such observations do not solve all the difficulties. But they considerably narrow the scope of those that are left. The remaining difficulties must be dealt with on a technical level, by refining our scientific knowledge and refining our understanding of the Bible until we can see that they agree (1988:24).

Many of the differences that were experienced between science and theology did not drive them apart from each other. With regard to the medical science, there existed a much closer working relationship between science and theology. This was also due to the Church's healing task, which intimately identified with the healing function of medical sciences. It is a well-known fact that the first hospitals were religious institutes (De Gruchy 1999:34).

We have looked at the fundamental philosophies and practices of theology and medical science, which is a vital exploration in a dialogue between Christian theology and medicine.

2.3 Concluding Remarks

From this brief historical sketch, we notice that all these men of faith engaged the modern culture of scientific inquiry, from within the ranks of theology, practicing a faith in search of understanding. Thus according to Browning, Tracy and McCann (1983), all our great church thinkers like Paul, Augustine, Aquinas, Schleiermacher and those of the Reformation, were all practicing practical theology, entering “a revised correlation dialogue with the other religious, and secular ‘faiths’” that made up their pluralistic society (1983: 11). In turning attention to the genres of theology we notice that they reflected on the practical elements, which were inherent in theology, such as, *habitus* as a single science having a practical end, or a disposition of *wisdom*. In this genre itself is reflected the second genre of *episteme/scientia*: meaning knowledge, science or discipline. Farley (1983: 37), bemoaning the loss of theology as *habitus* and theology as a single science, appeals for a returning to theology/*habitus* and theology/science, seeing this as one of the ways to restore practice and theology. Thus we reach two conclusions from this historical introduction. Firstly, Christian theology is fundamentally practical. Even the search for the practicality of theology, is itself practical theology. Secondly, the early Church leaders always used theology for practical and scientific study, addressing issues pertaining to the church very critically and objectively. Many scientific proposals made in the early ages were refuted on the basis of what the theological views were at that particular time, even though in some cases, they were wrong. Other great theologians, apart from the Reformers, did follow the critical and reflective criticism, such as Paul Tillich, David Tracy. Yet, Schleiermacher’s theology set the pace for much of what followed in the area of pastoral theology until today.

This brief historical background is proof that the developments within the field of theology, leading to the formation of practical theology, were scientific in nature. Like pure science, its beginning was more theorizing, later followed by practical research, for this is the same manner in which early science was practiced. However, in the works of Schleiermacher, we have noticed a shift in the scientific nature of theology from theorizing to a quest for the experiential. This set a new outlook for theology that snowballed into practical theology and “institutionally based” pastoral care that developed into a clinical and therapeutic tradition, “an identified part of the “health care team” (Couture & Hunter 1995:22). Is theology in a position to have a scientific approach? In answer to the question on the scientific nature of theology, we respond, “Yes, theology through time has proved itself

capable of addressing dualism and wholistic healing scientifically”, seeing this as an act of remaining true to its Christian duty.

Our next chapter continues to look at the philosophies, ideologies and theories within theological pastoral care, in order for theology to continue its dialogue with medical science. It is done by turning attention to the works of Schleiermacher, unearthing the scientific nature of his theology that led to the progress of theology in practical theology, especially pastoral care. We shall consider the events surrounding the writing of his *Brief Outline of the study of Theology*, which comes to serve as a case study for studying theology within a contemporary context, and for addressing realistic needs, while maintaining a creative relationship to theological education.

CHAPTER 3

SCHLEIERMACHER'S PRACTICAL THEOLOGY: A MULTI-DIMENSIONAL CASE STUDY

Before looking at Schleiermacher's practical theology, we need to ask ourselves: What are the presiding ideas of practical theology? "What is practical theology all about?" The researcher believes that one definition will not do justice to the subject. For this reason we will look at various definitions and their contribution to a balanced description of practical theology. Some of the contributions will unfold through the course of this paper.

3.1 Attempted Definition of Practical Theology

Practical theology is an empirical science, but its "hermeneutic-communicative praxis of faith" (Van der Ven 1993:120), is what relates it to other theological disciplines. Practical theology looks at the man's "communicative ... faith" actions, which can be any praxis of the church. The word empirical does not mean God becomes the object of empirical research, for it is impossible to make God the object of a scientific method. However, we can indirectly study God's revelation as seen in the Bible, and by observing the faith of people testifying to God's salvation acts (Pieterse 1993:45).

Pieterse (1993:4) defines theology from the perspective of a communicative action mediating God's coming to people in the world through God's word. Bosman (1997) in quoting Pieterse calls it "communicative actions in service of the Gospel". He also summarizes Louw's definition description as:

Practical theology *sic* [find] its essence in the covenant relationship between God and man. From there it acts diaconically in the world, deals critically with tradition, involves itself in an empirical-phenomenological way with the established church in the world, and plans, orders and organizes eschatologically to promote the coming of the kingdom of God. All these actions, however, take place through the Holy Spirit's work in the lives of believers, as they are involved with building God's kingdom (quoted in Bosman).

Louw (1999) strongly recommends the pneumatological perspective to supplement the Christological perspective, in order to put the human-divine relationship in salvation into perspective.

Pastoral care, also known as one of the pastoral theologies, is considered a sub-discipline of practical theology or as Browning calls it (1983:188) 'a practical theology of care'. I agree with James N. Lapsley's attempt to show that pastoral theology, like practical theology, "is an integral theological discipline in responsible relationship to what are sometimes called the traditional disciplines of

theology, and how it may contribute to the illumination of both the coherence and the tensions among the several sub-disciplines of practical theology” (Lapsley 1983: 167), and those of the traditional disciplines of theology. What the researcher hopes to establish in this section is the position of practical theology in the context of theology as a whole. This position is necessary to let our pastoral role be a truly theological role qualifying it to scientifically address the matter of wholistic healing.

In order to accomplish this task, we turn our attention to the contributions of Fredriech Schleiermacher, who is known as the father of modern theology. We look at the events surrounding his works on practical theology as seen in the *Brief Outline*, as a case study that edifies the church by speaking to the context of its time, thus making it capable of addressing a wholistic approach to healing.

3.2 Schleiermacher’s Views on Theology as Practical

Schleiermacher’s attempt was to save Christian theology from the tides of the Enlightenment. The novelty of his approach was, that his theology began, “not with the Bible, a creed, or revelation, but with personal experience, with what happens to the individual and to the community” (Latourette, 1983: 1124). To him, religion was ‘the feeling of absolute dependence.’

Schleiermacher, in his *Brief Outline of the Study of Theology*, attempts to maintain the unity of the theological sciences, which he points out to be similar to medicine and law. He claims that theology could be seen as a whole with various parts, namely philosophical theology (root/*Wurzel*), historical theology (body/*Körper*), and practical theology (crown/*Krone*) (Schleiermacher, 1830). These parts he considered interdependent and tries to show that the practical and scientific (*wissenschaftliche*) nature of theology runs deeply through all of these three parts. He manages to show this very well in his philosophical and historical theology.

For Schleiermacher, philosophical theology has a critical function, in which historical criticism is used by both the apologetics and the polemics to respectively determine the distinctive character of Christianity among the religions of the world, an outward function; and attend to the diagnosis of ‘diseases’ in doctrine, criticizing heresies and schisms, an inward function. His understanding of Christianity is not ‘statical’, but fundamentally a historical reality, expressed in a “becoming” (*ein Werdendes*) “in which the actual present grows as the fruit of the past and as the seed of the future” (Burkhardt, 1983: 43). We notice how historical theology runs through Schleiermacher’s philosophical theology.

Schleiermacher's elaboration on his historical theology shows the 'ambiguity', which Burkhart (1983) describes as inherent in all theological studies. The "historical" part of the modern secular studies of history, together with the "theological" that brings interest and commitments, allows for an understanding of Christianity as a historical 'totality' (*Ganzes*) (Burkhart, 1983: 45). Schleiermacher's idea of theology is imbued with a deep historical sense and "that [his] historical ... included even his understanding of dogmatics, which is not for him an attempt to state timeless truths, but an uncovering of the present consciousness of the Church in its specific, contemporary historical situation. Theology becomes thoroughly historicized once it is realized that the sources and traditions from which it draws its main statements of belief and doctrine speak from contexts and in terms very different from those of the present" (Clements, 1991: 47). It is my opinion that this ambiguity is what makes Schleiermacher's historical theology practical. It is this ambiguity that illuminates, and attempts to address, the two tensions of the practice-theory and theological-scientific within the whole of theology. The unity of Schleiermacher's theology, is reflected in the following comment by Burkhart:

Indeed, the line between the historical and the practical may prove as difficult to draw as was the line between the philosophical and the historical. Actually the difficulty is enhanced precisely because Schleiermacher has the wisdom to think doctrine and ethics together. Yet, even within his discussion of dogmatics itself, perhaps the real clue to his understanding of the relation between theory and practice is anchored in his profound persuasion that a truly theological handling of doctrine is not possible 'without personal conviction' (*ohne eigene Überzeugung*) [elements of "*habitus*"] (1983:47)

3.3 Critique on Schleiermacher's Practical Theology

It is as a result of Schleiermacher's practical theology, which he describes as *Technik* (technology), that much of the criticisms come. Burkhart (1983: 47, 48) pointing to Schleiermacher's goal of practical theology to be for the "intellectual formation of leadership for the Christian churches", also describes it as "sketchy" and as coming to an "anticlimax", having "limitations ... definitionally" with seemingly "no [elaborate] theory for practical theology". Farley believes that when Schleiermacher categorized his theology, he set the goal of practical theology in ministerial practice (clericalization of theology). This categorization was made due to competing with law, medicine, and liberal arts to be scientific. Thus, theology/*habitus* and theology/single science disappears. He further points out that this domination of the "church leadership ... as *telos*" or clerical paradigm, which is considered one of the centuries old agendas to rehabilitate theology and theological education, has led to the exclusion of the other two agenda items, *personal-existential* and the *social-political* dimensions (Farley 1983b: 24-31).

Another critique was that Schleiermacher's philosophical theology and historical theology, 'correct each other and share practical interests'. However, practical theology does not inform or affect philosophical or historical theology, which makes "the concourse between theory and practice a one-way street" (Burkhart, 53). These criticisms are noteworthy as we find that Schleiermacher's thoughts are pivotal to the development of practical theology, as it has set the pace for most modern practical theologians.

3.4 Schleiermacher's Defence

What were the intentions of Schleiermacher when he started writing his *Brief Outline*? What was the context in which these writings took place, the historical and social factors that impact on these writings? Schleiermacher himself provides answers to some of these questions. In the preface of his *Brief Outline* he says that it was to direct students' "attention to matters of form, so that they may better apprehend the significance of the particular parts and their interrelation" (quoted in Burkhart, 49). His writing took place during the beginning of the *theological encyclopaedia* era, when there was much disarray concerning the unity of theology, while he had to teach a curriculum that was incoherent (Farley, 1983: 86). The *Brief Outline* itself was the explanation and product of his practical theology, to provide a coherent curriculum to his students. Schleiermacher was convinced that *alles im Zusammenhang verstanden werden soll*, "everything is to be understood in the fullness of its relations" (quoted in Burkhart, 49).

Theology also had to account for its position in the universities, along with medicine, law, and philosophy, having to prove that it was scientific enough to be considered a science, *eine positive Wissenschaft*, "a positive science". This would account for *die natürlichste Ordnung* "the most natural order" from philosophical theology, through historical theology, to practical theology, which correspondent with the competing disciplines in the universities (Burkhart 1983: 42, 43). At the same time, theology had to show that it was still being fundamentally theological, despite its scientific function,

3.5 Conclusion on Schleiermacher's Practical Theology as Case Study

Schleiermacher's theology, as seen in his *Brief Outline*, speaks directly to his personal situation and context dealing critically with real, concrete issues of life, such as the *theological encyclopaedia* and the scientific nature of theology. He was doing what he said his three parts of theology should do.

In his philosophical theology: Schleiermacher uses historical criticism to define the distinctive character in the “essence” of Christian theology, apologetically and polemically; In his historical theology he uses the established principles of historical research regarding *theological encyclopaedia* and theological science, sourcing the past as it impacts on the present, hoping it will make a difference in the unrealised future.

With regard to practical theology, Schleiermacher again supplies the answer for his stance by saying that “most appropriate methods will occur to the person whose historical basis for living in the present is the deepest and most diversified” (quoted in Burkhart, 48). He could not give a formulation or an appropriate method for doing practical theology as the method had to arise out of the realistic situation, its context and culture.

The reason why Schleiermacher could not provide a detailed practical theology is because what he developed in the *Brief Outline* was practical for *his* situation, addressing the context from which *he* was working, which was the present and future of theology as a practical discipline of science. He could not provide a norm for practical theology for all times, as this would let the past “stifle the present” (Burkhart 1983: 46). First supports this view when talking about the definition of practical theology, feeling that due to its empirical and practical nature “we are nowhere near the point where we can [establish]...a theory formation” (1986:7). For Schleiermacher, practical theology meant “application to clerical responsibilities and tasks”, but for us practical theology might be creating harmony and healing in South Africa or addressing the issue of aids or child abuse, or addressing the physical dimension of health as the neglected aspect of pastoral care, for examples.

Whether it concerns issues inside or outside the Church, based on ‘ecclesial redemptive presence’, “any studies become explicitly theological through the theological interest brought to them” (Farley 1983b: 39; 1983a: 50). This explains practical theology as technology (*Technik*), because it means that the practical theology developed at one stage and age, is only valid for that time, and has to be “upgraded” or “maintained” to address a new situation, just like technology. Out of every such experience, practical theology may develop permanent models and structures for future practice. Therefore, out of practical theology, philosophical and historical theology can be informed, just as the practical situation (*theological encyclopaedia*) gave rise to the *Brief Outline*. Friedrich Lücke, a friend of Schleiermacher, says the following:

[*Brief Outline*] contains a theology of the future rather than of the present. In the sense it is, to a certain extent, a truly prophetic work, which, upon the supposition of a vital progress in our science and our church, will, as time advances, meet with increasing fulfillment (quoted in Burkhart, 49).

Schleiermacher's *Brief Outline* established a very firm foothold for theology as a scientific field to be reckoned with. Practical theology is no longer the "unborn child of theology", but over decades, it has shown itself to be a vital, and integral part of theology. Much of the dialogue of theology with the other social sciences, and other areas never thought of, has become possible because of practical theology. Practical theology seems to have established not only a place for itself in theology and created coherence in theology as a whole, but it has created a vibrant interaction with other 'secular' disciplines. In fact, there has been a demand for some of the expertise of theology by many other non-theological areas of specialization.

Thus practical theology as it is expressed in the therapeutic tradition of pastoral care, is rooted in the religion and health movement, the religious education movement, and the academic interest in psychology of religion. It provides its own "pedagogy, multiplicity of therapeutic theories, organizations, and accrediting bodies for its practitioner" (Couture & Hunter 1995:12).

The preliminary finding of this case study is that pastoral care is addressing itself to experiential issues and to very real needs in society today, breaking down barriers between the "secular" and the "sacred". Thus it allows pastoral care to address itself to the fragmentation of humanity in the circles of health care. Our theology should address the desire for a wholistic treatment of humankind.

In the next chapter we consider another exploration necessary for this dialogue of theology and medicine. We anticipate that this dialogue that could result in the "fusion of horizons" regarding the wholistic view of man. We consider the practice of medicine and the care of the sick, and the close relations of religion and healing.

CHAPTER 4

TOWARDS A WHOLISTIC APPROACH IN CARE-GIVING AND THE MEDICAL PROFESSION

The objective of both Christianity and modern medicine is the full healing and restoration of humankind. Each has its own methods and techniques with which it wants to accomplish this, but the goal is mutual. They start from opposite ends, with medicine concerning itself with the body alone, and theology with the soul alone (De Gruchy 1999:33). Yet, their objective remains the same, healing and restoration of humankind. The obstacle in both Christianity and medicine has to be overcome by *recapturing* the wholistic nature of man, as there seems to be a ‘misunderstanding’ of the nature and composition of man (De Gruchy 1999:37; Schleiermacher 1959:86).

4.1 Ancient Wholistic Practices: Physical, Spiritual & Social

We use the word *recapture* because the wholistic approach to life was common in antiquity. In the traditional societies of old, there had always been a close correlation between religion and healing, priest and healer. This relation is found in both Christian and non-Christian communities, and in Judaism and paganism of the Old Testament. In the Gospel, to be ‘saved’ did not just have ‘spiritual’ connotations, but meant to be healed of physical ailment, and becoming a whole person in relationship with others. During the time of Hippocrates, the wholistic approach in which prevention and mind-body relationship was recognized flourished. Even a contemporary of Jesus, Galen (± 130 AD), who was a pioneer in a rational anatomical and physiological inquiry called Galenism, was said to have been a subscriber to for the wholistic therapeutic system practiced by the Hebrews (Inglis 1965:49-51).

Wholistic treatment, referred to as Israelite thinking of “grasping the totality”, can be traced as far back as the time of Moses and the Levitical laws, which formed part of the spiritual heritage of Israel. They were given as religious instructions, but had major physical and social consequences if not adhered to. In observing the healing practice of Israel, we notice that the emphasis was mostly placed on prevention and a promotion of social consciousness. The book of Leviticus, gives a detailed indication of the measure that were taken to keep the camp, physically, spiritually, and socially clean. In fact it is hard even to make the distinction between where the physical stopped and where the spiritual began. Avalos summarizes it as follows:

The relationship between the Israelite health care system and its religious history was marked by a tension between strict monotheism ... and the belief that Yahweh lived alongside numerous divine beings who could act as his agents in healing (and in sending

plagues, or who could act on their own volition, a volition that was sometimes contrary to that of Yahweh... [Focus is laid] on the effects of a theology that viewed Yahweh as the only “sender/controller” of an illness, and the only healer as well (1995:241).

The priest’s function also seemed very restricted (Inglis 1964), and seemed more focused on ‘diagnosing’. George Rosen (1957:62,63) who wrote *History of Public Health* demonstrates the power of the instructions of Leviticus 13:46 regarding isolation, by pointing to the failures of the physician during the scourge of the Black Death during Dark Ages, and the resolution by the church leaders who implemented the Levitical councils during the plague.

Another ritual, which the Bible had prescribed to the Jews community, was circumcision. It has been found that “Jewish women and Indian Moslem women have a low incidence of cervical cancer” (McMillen, 1994:18). The reason is unfolded in this fashion:

If the tight, unretractable foreskin is not removed, proper cleansing cannot be readily performed. As a result many virulent bacteria, including the cancer-producing *Smegma bacillus*, can grow profusely. During sexual intercourse these bacteria are deposited on the cervix of the uterus, but if the mucous membrane of the cervix is intact, little harm results. However, if lacerations exist, as they frequently do after childbirth, these bacteria can cause considerable irritation. Since any part of the body, which is subjected to irritation, is susceptible to cancer, it is perfectly understandable why cervical cancer is likely to develop in women whose mates are not circumcised.

Paleopathology has provided a new dimension to many of the diseases in ancient Israel, providing “published evidence for the existence of ecto-parasites in ancient Israel” which produces rashes that might have been classified as “leprosy” (Avalos 1995:237). The illness of being poisoned by eating quail (Numbers 11:31), is said to have reflected a real phenomenon known as *coturnism*, and has been documented around the Mediterranean in this our time (1995:238).

Much of the people’s adherence lies in the understanding of Jesus’ healing acts in its time and context. During that time, those who believed in magic saw disease as a malevolent; while those who believed in “one God” assumed disease to be a consequence of sin or a warning, divine displeasure, or God testing the faith. They believed that a daily account of their actions was taken by a “Recording Angel”, and punishment was given for wickedness. These types of internal tensions and conflicts of which some were aware and others suppressed, resulted in mental derangements that was manifested in the Bible (Inglis 1964:53).

All this points to the strong physical element in the healing which at times was described as ‘spiritual’, yet now we are able to explain these physical, psychological and social phenomena rationally as a result of improved technology and research in medicine, it is now known that neuro-chemical changes, due to change of emotional state may affect a person’s physical state of being. Inglis believes that in a community wedded to the supernatural element, and where sin is equated with sickness, words “thy sins are forgiven thee”, cause the the patient to leap from freedom from sin to freedom from sickness (1964:57). This does not explain miracles away, but highlights the miracle of God’s creation, the unity of the human body, and the empirical nature of Christian healing. Modern medicine should take seriously the role of faith in healing, like in the incident where the woman touched his garment. However, still for Christian community, healing seems to remain in the spiritual realm, with no regard given to the physical.

For the purpose of our research it is important to notice that the physical dimension features just as strongly as the spiritual, social, and psychological dimension. These accounts show how the spiritual matrix of the whole Israelite community was intertwined with their whole physical and psychological being and welfare. The whole dynamics of their lives were determined by the interrelationship of these dimensions. This wholistic view did not prevail without being challenged for all time, as it had to face the dualistic conceptions of science.

4.2 From Wholistic to Dualism: Mechanistic view of Humankind

Most healers addressed the interplay of body and soul, and treated their patients within the context of their social and spiritual environment. Descartes’ philosophy was influential in changing this worldview creating a strict division between mind and body. Physicians then concentrated on the body only, neglecting the psychological, social and environmental aspects of illness. For medicine, the body became a mere machine, which was then reduced from organs to cells to molecules. On the Christian scene, faith and the healing sciences grew together until the privatisation of Christian piety and the reduction of salvation to the rescuing of individual souls for life in heaven. This happened during the eighteenth century Enlightenment in Europe. The mechanistic/dualistic worldview inherited from Newton and Descartes, became dominant ideologies in modern medicine, psychology, economics and politics, and even in Christian thought (Capra 1982).

Psychology has been confused and inconsistent regarding the dual nature of man, as its main preoccupation was the soul or *psyche*. Many psychological traditions had various views that arose out of the natural sciences, empiricist and idealist tradition, with the two latter ones dominating the counselling scene. Pastoral counselling, while giving primary status to the soul/*psyche*, acknowledged the bodily affects on the *psyche* (Stone & Clements 1991:28). It would appear as if the *kerygmatic approach* to pastoral care has been instrumental in sustaining the dualistic view in pastoral care. According to Adams (1975) this approach maintains the “corruption of the whole person ...is a dominant and essential theme” (quoted from Louw 1999:130).

Protestant theology is not known for the appreciation of the body, as the attention is more on the spirit and the soul. This is said to also have been the influence of the Greek-philosophical dualism (Ganzevoort 1994). The downgrading of the body in Christian tradition and the adherence to salvation as the immortality of the soul, despite the rejection of the dualistic separation of soul and body, resulted in the view of the body, especially sexuality, as the major enemy (Stone & Clements 1991:28).

Medical science has contributed greatly to the quality of human life that people experience today compared to fifty years ago. Much of this is a direct result of the contribution that medical science and technology have contributed. However, despite these advances in the area of health care, the medical institutes have become cold places where the white coats and dresses of those in the profession create an atmosphere of bleakness and coldness.

The dominant model in medical science is the biomedical model, based on positivism, which Kriel (1994:35,36) points out to have many strengths and weaknesses. The strong points are that it: i) tells the clinician precisely what they have to do to get the required results; ii) provides the precise criteria for validation. The weakness of his model is that i) it is “strictly objective”, totally excluding the patient, doctor and their interaction; ii) concentrates on the technical aspects of care iii) it cannot deal with the “meaning problems”; objectivism and technological bias result in poor “doctor-patient relationships”. Louw (1994:4,5) warns against the use of such a model and recommends a philosophical and spiritual approach. He warns us against more dangers like an i) *analytical approach* with pathology being of “greater importance” than person, ii) a *diagnostic approach* with the patient becoming a “case”, iii) an *atomistic approach* emphasizing parts, not “person as integral unit”, iv) a *biological-organismic* approach with the interaction of parts as important, v) a *scientific approach* that

is objective and rational and ethnically neutral, vi) a *pharmaceutical approach* where “*symptoms*” are treated by “*prescription*”.

All these factors mentioned portray a reductionistic approach, which starves relationships, a vital component which contributes to the healing process. Many doctors, even Christian doctors, are not aware of some of these philosophical foundations under which they operate. Such an approach might bring about relief from physical ailment, but it has to work much harder to come to a point of providing healing, which is a state of perfect harmony physically, socially, psychologically and spiritually.

However, dualism did not remain without opposition from within and without the Church. What follows are accounts of the battle for the restoration of the wholistic view of man. We view these following events as a “fusion of horizons”, a term coined by Gadamer (1982), denoting a hermeneutical act of bridging the gap between the familiar “wholistic view” and the strange horizon “dualistic view” which resisting assimilation.

4.3 Towards a Wholistic Approach: Perspectivism and the “Fusion of Horizons”

In favour of a wholistic view of humankind, Berkouwer (1975) gives us an extensive discussion in *Man: The Image of God*, elaborating on the complexity of man, the effects of salvation on the body and soul, and the impact humanism has had on these developments. He maintains that man is too complex to be divided and studied in separate sections. The divisions of man that we find in the Bible are not intended to give a scientific explanation of man, as scripture “never intentionally concerns itself with the scientific as such” (quoted in Berkouwer: 1975:194). Neither is the Bible intended to provide us with a “Biblical psychology”, but rather with man’s different dimensions (perspectivism). Due to these dimensions in man, “we cannot objectively look at the physical health without considering the persons state of mind or personhood” (Chamblin 1993:242).

Tillich also gives a wholistic view of man in his discussion on health. He considers man a multidimensional unity. Dimension to him “indicate that the different qualities of life in man are present within each other and do not lie alongside or above each other ... all dimensions, distinguishable in experienced life, cross in *sic* [man]. In every dimension of life, all dimensions are potentially or actually present” (1981:53-54). This idea refutes the division of man into separate parts or entities. Paul has a cluster of terms in which he describe the different ways that he views man. Yet, his view of self is that of an integrated whole of body (*soma*), and flesh (*sarx*), *pneuma* (I Corinthians

5:3) *kardia* (I Thessalonians 2:17), *splagchna* and *nous*. These were not intended as a psychological description, but to prove that man is a wholistic unit. Thus, in understanding Paul's anthropology, we have to study his theology (Chamblin 1993:44-46). This is a biblical anthropology, which regards human beings as psychosomatic wholes, never in an individualistic way, but always in relation to society as a whole (De Gruchy 1999:39).

The book *A New Medical Model: A challenge to Biomedicine*, published by The Helen Dowling Institute for Biopsychosocial Medicine, is witness to attempts being made in the medical sciences to return to a wholistic perspective of healing. It speaks of the struggle for wholistic medicine since Roman times, which split medicine into two antagonistic groups; those who defined the task of healing as "active intervention against disease with tools such as surgery, and chemicals", classified under Aesclepiian medicine, Spagyric medicine, and Allopathic medicine; and those who "encouraged and support the individual's self-healing powers and wish to help the patient grow past illness", classified under Hippocratic, Galenic and Naturopathic medicine (Balner et al 1990: 20). Such differences arising from the attempt to revive wholistic treatment in medicine, have been noticed between 'mechanists', who used mechanistic physical laws to explain living things; and the 'vitalists', who claimed a teleological dimension present in living organisms and bodies (Ledermann 1986:24,25).

Capra's critique, as a physicist, sees the scientific paradigm of modern medicine as outdated and incapable of meeting the crisis facing humanity. He subscribes to the following idea of the mechanistic view:

In contrast to the mechanistic Cartesian view of the world, the worldview emerging from modern physics can be characterized by words like organic, wholistic, and ecological. It might also be called a system view, in the sense of general systems theory. The universe is no longer seen as a machine, made up of a multitude of objects, but has to be pictured as one indivisible, dynamic whole whose parts are essentially interrelated and can be understood only as patterns of cosmic process (Capra 1982).

We notice that both theology and the medical science realize that something is missing and there is a search in both fields for *recapturing* the wholistic care of humankind. How will they accomplish this? Health care and the church's mission today are beset by philosophical and theological dilemmas, which requires a challenging analytical study (Allen 1995:12). The researcher is convinced that the challenge could be met by theology addressing itself to dualism (body and spirit) in cooperation with the medical sciences; the coherency of theology as a whole, and the multiple perspectives of the post-modern society through an inter- and multidisciplinary approach.

4.4 Building Bridges Through Inter- and Multidisciplinary Approaches

De Gruchy (1999:36,37) sees the challenge of theology to firstly get its house in order and help provide an alternative basis for medicine, *recapturing* the wholistic approach. He sees the involvement of both theology and medicine in dealing with humankind from the opposite ends, soul and body respectively, as reason for them to recapture the wholistic character of healing “on a new foundation in which creation and redemption are brought together and salvation is understood as the restoration of humanity in its fullness”. This requires both theology and medical science to overcome their obstacle of dualism.

The pastoral care and counselling movement has gone to great lengths to engage contemporary methods of care such as psychology, sociology, and medical science, in order to address the care of humankind wholistically. So much so that in its formative years, it was criticized and almost ostracized by theology for becoming ‘secular’ in its approach, and mistaken as being indifferent or hostile to theology. Common in this liberal Protestant theology were convictions that became crucial in the emergence of modern pastoral care and counselling. These convictions included: “an emphasis on the universal saving work of God and God’s active immanence in the world; hope concerning the possibility of redeeming the world within the course of history; a positive role assigned to human capacities and culture, including science exercised in cooperation with divine saving activity; and a theological epistemology giving significant place to religious experience and advocating openness to the new truths of science” (Couture & Hunter 1995:33, 35).

Practical theology, in the area of pastoral care, has become the ‘bridge’ whereby theology is engaging and exchanging with the social sciences (anthropology, sociology, social work, psychology, etc.) and medical science (psychiatry, psychopathology, etc). Thus two things have become important for practical theology to maintain: firstly, to set theology as a whole clearly, apart from all the other disciplines it interacts with; and secondly, to maintain the unity of the other theological disciplines and channel them to their “churchly task” (Firet, 1986). This leaves those who are in the ministry, theologians from all areas of study, with the responsibility of maintaining the theological nature of theology in its engagement with all sciences and of developing methodologies that will not betray the true theological nature of practical theology and the whole of theology.

Integrating the spiritual, with its peculiar points of departure and methodologies, into the other dimensions and contexts calls for constant theological reflection, the study of

anthropology, and incorporating insights with the discipline of medical and psychological scientific inquiry (Allen 1995:27)

One can empathize with the concern of some theologians of being bombarded with theories and paradigms of other fields of study such as psychology, sociology, anthropology, philosophy, etc. Their concern is a legitimate concern to keep theology 'uncontaminated' with 'strange doctrines'. However, the tasks of serving today's pluralistic communities and societies require the pastor to serve in an integrated way, being a professional (serving academic public), a pastor (serving the church) and a minister (serving the community). Thus the need for a more interdisciplinary approach is becoming more of a must than an academic aspiration or achievement.

We are on more solid ground when we work across disciplinary lines. Education has been compartmentalized into fields, or disciplines, each yielding an incomplete picture of reality and often obscuring the connections between the person and the system. This tendency has led inevitably to reductionistic theories – that is, viewing an individual's symptoms as merely an intrapsychic conflict (Stones & Clements 1991:100)

The integration of the mental and spiritual with the physical demands a broad interdisciplinary base, which can provide multiple methodologies as these aspects have different points of departure (Ellen 1997: 30). This would demand a "whole-person core curriculum" that requires collaboration between respective training institutions, professional associations and field supervisors. This would demand both longer and more rigorous training and retooling by teachers responsible for interdisciplinary integration.

Louw (1999:25) reminds us of the challenge for pastoral care "to develop an interdisciplinary approach without losing its unique contribution to therapy". What is the unique contribution of pastoral care? The answer to this question lies in the activities of pastoral care. Therefore the question should come, what is pastoral care?

4.5 Healing and Salvation in Pastoral Care

"What is pastoral care?" Louw (1999:1) sums it up as "cure of the human soul", *cura animarum*, meaning "spiritual care of the total person in all the psycho-physical and psycho-social dimensions", and 'soul' being "the centre of human life (20,21). We know that there can be various definitions for pastoral care, but we choose one by Clebsch and Jaekle (1964: 4) which will be further elaborated by other definitions of pastoral care:

Pastoral care, consists of helping acts, done by *representative Christian persons*, directed toward the *healing, sustaining, guiding, and reconciling of troubled persons* whose troubles arise *in the context of ultimate meanings and concerns*.

We notice from this definition that pastoral care involves healing, sustaining, guiding and reconciliation. Out of this definition comes the element of being a ‘representative’, which Fietz describes as “*the official ministry as intermediary*”. For him this representation is the Lord who wishes “to ‘make an appearance’ himself in the role-fulfilment of the pastor, by means of the word” (Fietz 1986: 15). The definition gives us four acts: namely, healing, sustaining, guidance, and reconciliation. These acts are all present in salvation.

“Heal” and “whole” in Latin means *salvus*, and ‘salvation’ is also derived from it (Tillich 1963). Does this mean that salvation and healing is the same? What do we mean by ‘spiritual healing’? Has health not become a neglected aspect a pastoral care?

The metaphor of “healing” has its roots in the Bible, as played out in the healing ministries of Jesus Christ, who is the Great Physician providing salvation as cure for the soul. Salvation is a wholistic concept, donating “total human well-being, including physical, psychological, social, cultural, and spiritual aspects”, including the entire health and welfare needs. This includes what goes on “between persons” as well as what happens “within” them (Couture & Hunter (1995:19).

Louw (1994:63) provides us with a summary on the different views on the connection between healing and salvation. Firstly we have the *Platonic and dualistic* understanding in which salvation is a spiritual matter that is not on the same level as the healing of physical suffering. Medical healing is degraded in favour of charismatic healing. Secondly there is the view of healing and salvation as being *identical*, and psychotherapeutic healing becomes identical with spiritual healing. Thirdly we have the materialistic connotation of salvation and healing in which physical understanding of healing is dominant. “Healing becomes a bio-chemical process of change”. Finally, the researcher concurs with the eschatological model, where healing and salvation cannot be identified with each other, nor can they be separated from each other. We will elaborate more on this point later (see chapter 5.5).

In the context of the modern Christian church, healing has been practised in many forms such as the anointing with oil, or the laying on of hands, and in some the use of holy water. In most of these activities of healing, faith is considered a vital element for healing to take place. “Healing through

Christ *sic* [involved] both body and soul”, a wholistic healing, “as the patriarchs did not separate physical healing from religion and faith” (Louw, 1994:62). This was and is “the Kingdom of God and salvation ... interpreted in terms of human experience”. In this act, a helping relationship is formed to enable the members to “seek resolution to life issues and faith problems ... in the light of the Gospel and the collaboration with the congregation of Christ”.

Despite the claim by many of a wholistic approach to humans, we see the elements of dualism that have also penetrated the concept of salvation, causing it to be spiritualised and moralized, narrowly constricting it to the Church. People only understand it as otherworldly in a forensic sense, being nothing more than just repentance and forgiveness of sin, through Christ, resulting in a moral transformation and striving for perfection. Once they are morally reformed, they are left to continue in their physical, emotional and socio-economic suffering. “Any healing in the various dimensions is to be carried out by separate professionals and their teams. The body is left to the doctor; the mind to the psychologist; the soul to the church; and the socio-economic to the social scientist and politicians” (Allen 1995:19; Stone & Clements 1991:37).

The tendency of the ‘divine healing’ change is to give first place to so-called ‘spiritual techniques, second to psychological mechanism and a bad third to surgery, medicine and hygiene. Their adversaries reverse the order. Choice between these two fields of work seems to start the work on separate paths, which diverge more and more until what was once only a gradation of values becomes an opposition of values. ‘Spiritual’ methods are then felt to be, and alleged to be, not merely more divine than physical methods, but the only genuine reply to the Lord’s commandment to heal the sick (Lambourne 1985:13)

Ministry that is rooted in a wholistic understanding of salvation, attempts to address human needs in their totality, from a perspective of faith, and is “not confined to problems explicitly defined as religious or moral” (Couture & Hunter 1995:21). Pastoral care’s attempts to address realistic issues of health, family and society, have caused it to be identified as a secular practice, but continue to be inherently religious. We now turn our attention to the matter of “where do we draw the line between the secular and the sacred”?

4.6 Healing and Salvation: The Separation of the Secular and the Sacred?

Healing and salvation are both transformational. There cannot be a distinction in the two as secular and sacred: between secular work done by the doctors, psychologist, social scientists and politicians; and the sacred work, done by pastor through the Church. This strongly implies that both social harmony and justice are part of the healing ministry of the salvation. Yet, healing should not be

perceived as a secular exercise, but as an intricate part of ministry. “The therapeutic tradition stands in a complex, critical, and perhaps dialectical relation to institutional religion. It has already been noted that the clinical tradition does not typically draw a sharp line between sacred and secular, and is inclined to find religious depths of meaning in nonreligious, mundane, or secular forms of experience ... [They] represented a creative and courageous attempt to carry a comprehensive, religious conceived therapeutic ministry beyond church walls into the health care institutions of industrial society” (Couture & Hunter 1995:21).

Does this sacred-secular tension imply that salvation is the same as healing? Some pastoral counsellors prefer to speak of health or wholeness because salvation is misunderstood in a narrow segregated religious sense, belonging to the religious sphere (Stones & Clements 1991:3); while others use the words ‘salvation’ and ‘healing’ interchangeably, seeing them as “one and the same” (Allen 1997:19; Louw 1999:33).

4.7 Healing and Salvation: The Bipolar Model Supplemented

A *recaptured* wholistic view of health and healing, which is what the pastoral counsellor is striving for, and the wholistic biblical vision of salvation, should both have a commitment to a transcendent source of life. This has important ramifications for medical science, just as it has for theology and pastoral care (Allen 1997:40, 41). There is an internal critical tension between salvation and healing which is addressed by Heitink’s bipolar model, which Louw (1999:63) recommends to be supplemented “with a *convergence model* operating within the principles of *eschatology* and *perspectivism*.”

Heitink’s bipolar model has contributed greatly to pastoral care’s identity as a theological practice. Not only has it confirmed the inherently religious nature of pastoral theology, as care and counselling, despite its involvement with the ‘so called secular issues of life’; but has confirmed that such acts of wholistic health and healing correspond to the reasons the Church has been called into existence. The tension, which the bipolar model addresses, between faith and life, gospel and context, theology and psychology, revelation and experience, is also experienced in healing and salvation. The tension reveals the difference between the two realities: the reality of salvation with its dimensions of faith, and the reality of healing, with its phenomenological experiences (Louw 1999:32).

The question is raised “whether a therapeutic or healing element is not concealed within salvation” or vice versa? “Does therapy or healing not possess an element of salvation”? Although a healing moment is hidden in the gospel of salvation and an evangelical moment is hidden the healing event, salvation and psycho-physical healing are not on the same level. The encounter between salvation and healing is indeed an interdisciplinary encounter between theology and medical science, pastoral care and health care. In the bipolar model, this interdisciplinary encounter between theology and science becomes the hermeneutical key to pastoral care as healing. “Healing in medicine is not segregated from the salvation in Christ. Medicine is a sign which points indirectly towards the salvation in Christ and God’s sovereignty over all creation” (1994:64, 65; 1999:33). In the story of Moses, during the Israelites’ journey in the desert, they were bitten by snakes and were healed by looking at the brass snake (Numbers 21:6-9). In the New Testament, this healing event becomes a sign pointing towards salvation. “Just as Moses lifted up the snake in the desert, so the Son of Man must be lifted up, that everyone who believes in him may have eternal life” (John 3:14,15).

The bipolar model should be viewed as *convergent*, and not as an equilibrium, which has the inherent danger of *complementarism*. With the *convergent* view, God of salvation is the dominant pole, seen as *centrifugal*, the origin of life, meaning and spirituality. The human factor is seen as *centripetal*, dependent of God. The convergent model keeps the uniqueness of pastoral theology as an activity of God through man and not an activity dominated by man. The danger of the complementarism is that the regulatory healing acts of humans can determine the effectiveness of salvation. The convergence model addresses: the theological reduction of human problems in the kerygmatic model; the psychological/physical reduction of human problems and ailment in empirical, phenomenological or mechanistic model; the dangers of complementarism (Louw 1999:33, 61).

The point of contact between God and humans, which allows for the healing acts of the pastoral counsellor to have an evangelical moment of salvation, is made possible with the *pneumatological* perspective. When any person is influenced by God, the human body becomes the temple of the Spirit, thus healing and wholeness take place. “God’s indwelling presence creates a relationship between God’s heart and the human condition” (36).

“Medical care and therapy are metaphors for creation on its way to the eschatological event of the new creation”. In acts of wholistic healing are experiences of the ‘already’ of salvation, and the ‘not yet’ of the coming Kingdom, where “there will be no more death or mourning or crying or pain, for

the old order of things has passed away" (Louw 1994:65; Revelation 21:4). It provides us with a glimpse of what will be in the future; healing that will not result in sickness again. "Physical and psychological healing is not excluded from an eschatological interpretation. All healing becomes a sign of God's grace and involvement in suffering. A further implication of an eschatological approach is that physical and psychological healing are provisional. They have a relative value because present recovery could be counteracted by subsequent illness. Even temporary healing is indeed a sign of the breaking through of God's sovereignty. Yet, the believer expects more than only temporary healing. A permanent feature of healing is our new being in Christ" (Louw 1994:64).

Pastoral theology should not attempt to dissolve the tensions between theology and medical science, salvation and healing, by means of artificial synthesis (1999:37). The dualistic concept which has its philosophical roots way back in time, coming in forms of Gnosticism and mechanistic science, cannot be resolved by a quick fix of throwing medical scientist and theologians together and let them address the different dimensions of man. There should be a "fusion of horizons" in the hermeneutics of the pastoral counsellors and the medical scientists with regard to the wholistic nature of man. If this nature of man is rightly understood, this inquiry will call on the search for salvation that is not seen as a secular or sacred practice, but as an eschatological reality, experienced as the 'already' and the 'not yet' providing provisional healing. This eschatological reality highlights a convergence perspective with salvation as dominant in healing. Salvation is an act of God, which becomes 'a moment' in the ministry of all methods of wholistic healing that humankind appropriate to his fellowmen, from a pneumatological perspective.

Recapturing of the wholistic worldview of health as seen in the biblical vision of *shalom*, will require for us to also pay close attention to the socio-political environment, which is also integrally related to physical sickness. Health cannot be separated from a commitment to social justice and transformation (Allen 1997:45). In the following chapter, we will be looking at the ministry of healing in the Church and how to mobilize the congregation to mobilize the community.

CHAPTER 5

THE HEALING MINISTRY OF THE CHURCH: HEALING WITHIN COMMUNITIES AND SOCIAL CONTEXTS

Healing is an integral part of the proclamation of the kingdom, with the ultimate goal being to point persons to the kingdom. Thus healing is central to evangelism and not as a secular by-product or bonus of accepting salvation through repentance (Allen 1997:23). The healing ministry of the Church is as old as time itself, finding its roots in the Judaism. Much of this healing tradition, still practised and perfected by the present day Jews, has been altered through trials of time that the Church faced, such as the Dark Ages, the Renaissance, Reformation, Humanism, etc. The question comes to us. How much has health and healing been part of our proclamation and working out of the kingdom of God in today's world?

5.1 The Church as a Place of Healing

Churches have various methods of seeking healing in their worshiping acts of salvation. "The Pentecostals stress the baptism and gift of the Holy Spirit, as well as divine healing. The mainline churches promote social action. The evangelicals stress personal commitment to Christ and faithfulness to Scripture" (Allen 1997:23). In most cases, for the layperson member, it may only be identified with miraculous healing which defies, the workings of modern medicine. For the minister or counsellor it may be a restoring of physical and psychological harmony by the grace of God, with no consideration of the physical bodily state. Christ has commissioned the Church to be a healing Church (Luke 9:1-2) through proclamation. This healing does not only take place in the Church or the clinic and hospital, but also in the home and geographical community (Allen 1997:25). Healing should start with the Church in the form of *shalom*, meaning harmony between people and between people and things. Health means being in harmony.

The Church is a place where harmony is being nurtured. Harmony begins first with God, then with oneself, then others, then nature. The first harmony begins with a relationship with God, through Jesus Christ, which involves reading the Bible, praying & meditation, praising God through Church liturgy (Rowland 1997:218). Harmony with oneself is being happy with yourself as God sees you; realizing your condition of sin and seeking reconciliation, not neglecting the wholistic dimension to health, and the fact that that such health is provisional. Loving your neighbour as yourself creates harmony with others (Luke 10:27) by ministering to them wholistically. We should realize that they can give us disease or we can give them disease. Harmony with nature is the acknowledgement of the

laws God created for the natural realm. Good health also means living in harmony with our natural surroundings, not causing disharmony with nature. These acts themselves contribute to the healing that we experience in *shalom* (Rowland 1997:218).

For harmony to be experienced, we have to start with God, and then self. For it is only in the light of God, that humankind can really see their own selves for who they really are, as God sees them. How do we really see ourselves?

5.2 Putting Humankind Into Perspective

Humanity and personhood are dynamic entities and rise from within a systemic network of relationships. The Bible speaks of the state of humankind but never portrays the body as negative. The kerygmatic model (see chapter 5.2) approaches the body very negatively as “corrupt”. The dualistic mechanistic perception of humankind has also enflamed the negative perception of humankind, leading to metaphorical images of God, which result in sick religion (Louw 1999:171). While this dualistic concept still abounds, it allows for humankind to sense a worthlessness of their physical being, which is the only medium whereby man is known to themselves and others. Worthlessness of self makes any attempt to control and protect the physical self, not worth the effort as the body is just ‘corrupt’ and ‘evil’ matter, fuel for the fire, and man’s goodness is in the spirit and mind (psyhic).

The negative view of humankind, needs to be corrected theologically so that the body will be viewed realistically and given the proper respect, and the care of it not seen as the responsibility of doctors. Ganzevoort (1994) suggests, in an attempt to provide a theological correction of our view of the body, that we must begin with an acknowledgement of creation. Man has been created in the image of God, bodily, and it was declared good by God. A second suggestion puts forward the “Word becoming flesh” as a link to the theological correction of the image of the body, to redeem humankind from the bodily flesh. The final recommendation comes in the resurrection of the flesh (171). These recommendations are noteworthy, as they also seem to be in line with Heitink’s bipolar model, such as the tension between the work of Christ and the person of the historical Jesus, soteriology and incarnation – Word becoming flesh. The resurrection of the flesh shows the eschatological perspective, seeing the body in a state of the ‘already’ and ‘not yet’, and not as just “fuel for the fire”.

The theological correction of the concept of the body is not a Pelagian emphasis on human powers and possibilities, but a realistic view of the limits and possibilities of man made possible in

salvation through Jesus Christ. The body is the important part of the soul. Without the body, there can be no soul (Genesis 2.7). We need to recognize and attend to our physical health by all means, not as the humanists who glorify man, but as ‘man of God’ (I Timothy 6:11), holy temples for Christ to abide in. We must put the “soul” back into the body, not treating the body as a separate entity that is worth less than the soul, but showing that the physical body is the fullest existential expression of the soul. The body is not a cocoon for the soul, but the soul is *the totality of body, mind and spirit*; ‘representing’ man in all his dimensions.

Having a proper perspective of ourselves, which is the way God sees us, will imbue within us the need to take our physical dimension as serious and important for our wholistic well being. It will result in people regarding each other with the respect and dignity God has for all His creation, generating a very positive attitude towards the environment. We will also be cognisant of ways to take care of our physical health through “preventive, curative and rehabilitative methods”, realizing that health is provisional and not an end in itself, yet remaining the empirical experience that shows how the kingdom affects our existence. “As a practical outworking of their own salvation or healing members of the congregation are called and sent by God to be a healing community through mission and evangelism” (Allen 1997: 21,22).

5.3 Ministry of Healing: A Community to Heal

Kriel (1988) makes a point that shows, despite the quality of clinical treatment medical science provided in South Africa during the 1980’s, it addressed only ten percent (10%) of all health problems.

To what extent has modern scientific medicine been successful in curing diseases and alleviating pain and suffering? ‘The best estimates are that the medical system (doctors, drugs, hospital) affects about 10% of the usual indices for measuring health’. Since biological mechanisms are very rarely the exclusive causes of illness, understanding them does not necessarily mean making progress in health care (15).

The surgeon general in America reported that *eighty percent* (80%) of sicknesses are preventable, thus a programme focusing on preventative measure, helping people stay well, might be more reasonable.

Ninety percent of South Africa’s medical health problems are not being addressed by our high-tech medical technology. These staggering figures bring to us a realization that medical science is addressing a very few of our health problems in life, and that the future of our own physical health, is in **our** hands. Syme (1987:87, 195) also addresses this point when he says:

The responsibility that individuals have for protecting their own health is so clear and obvious that this matter hardly seems appropriate as a topic of discussion. Unfortunately, our experience in this field in the last 20 years or so has shown that this issue is far more complex and challenging than we had thought. It has turned out that while individuals are ultimately responsible for the maintenance of their health and for the prevention of disease, the role of a variety of social and cultural forces in the environment is also important and, in many cases, is of overwhelming significance.

Two things are being pointed out here concerning health: namely our personal responsibility for our own health, and the social dimension of physical health. The latter point highlights again to us that health is wholistic and one cannot attend only to the physical, while ignoring the social dimensions, or any other of the dimensions named above (see chapter 1.6). Public health has long been aware of the social dimensions of many diseases such as infectious diseases, water purification methods, milk supplies, etc. However, there are those diseases, which are very personal and can be prevented on a personal level.

Diseases such as coronary heart diseases, stroke, arthritis, cancer and behaviours such as smoking, drinking and eating, are problems affecting individuals, and which individuals must deal with. If you smoke, you should stop, if you eat improperly, you should change. In spite of how much people are informed concerning personal health and hygiene through statistical and empirical means, they do not always accept it as a guide for altering their life-style. The Multiple Risk Factor Intervention Trail (MRFIT) proved that people could lower their risk of coronary heart disease by changing their behaviour” (Syme 1987:197).

The Church is in the business of bringing about a new pneumatological perspective, thus allowing a change of life – transformation that brings about peace - shalom. Part of the Church’s commission and social responsibility is to address these matters, individually or corporately. The Church is a powerful resource of professional and laypeople from various fields and backgrounds that can become a powerful healing force, in the Church and outside of the Church. The present day Church has been very slow to realize that the healing ministry of Christ, has set the precedence for today’s Church to be the force whereby the Gospel must be spread. This could be due to the awe that was inspired by medical science and humankind seeing it as the solution to their ailments. “Medical missionary work is the right hand of the gospel. It is necessary to the advancement of the cause of God. As through it men and women are led to see the importance of right habits of living, the saving power of the truth will be made known. Every city is to be entered by workers trained to do medical

missionary work ... God's methods of treating disease will open doors for the entrance of present truth" (White 1902:59).

More people in the health profession are breaking away from the Western-influenced mode of providing health care, supplementing it with ways that attempt to address people more wholistically. There is an increasing realization of the interrelationships between the psychological, physical and spiritual. Psychological problems can lead to sick religion, such as "a crippling perception of a vengeful or overindulgent God" (Allen 1997:18). Thus modern science and medicine find themselves helpless and start the search for fuller or alternative ways.

5.4 An Alliance: An Avenue of Service

Many institutional health services are turning towards other sources of support as medical science, although fully aware of the social, psychological and spiritual dynamics of diseases, is not capable of dealing with them. Medical science is at a point where it realizes its limitations, and is more in a position to work along with other professional as teams, contributing greatly to such efforts with their insight into the biological nature of humankind.

We turn to Lambourne who expresses the starting point:

... to present parallels of thought and action in Medicine and theology at the level of the local community: to suggest the smaller community as a unity in which Church and state might see each other as allies: and to show that the separation between religious and secular activities in healing is false to both. It is hoped to portray a ministry and healing which does not do away with the special religious acts of faith and liturgy (to which the classification of divine healing is so often confined) but rather moves them from their isolated and isolating eminence to the centre of medical and welfare practice where they properly belong, and where they can sum up the good of daily healing (Lambourne's 1983:12).

Lambourne calls for a major alliance of individual, church and community, because health and healing, is no private matter, it's a "community and systemic problem" (Louw 1994:122). The force of the community is being realized as a powerful resource to be utilized for the improvement of community health, which is a vital element of wholistic health. In Western medical health care, the patient is always treated in isolation of family and community. This in itself is addressing a subtle dualism of individuality and community, fostered by the Western view of independence and self-achievement. The Church, a community in the larger community is a symbol of the community that God is preparing, an empirical contextual act of God, of what he wants the communities of the world to be. The Church

thus becomes an eschatological reality of ‘already’ and ‘not yet’. The Church community has proved itself to be an institution that has stood the test of time, nurturing *healing, sustaining, guiding, and reconciling of troubled persons*, even in times when no other community or institution was operational.

In a forum conducted by the *Centres for Disease Control* (CDC) in America they stated that one of the areas of interest was “understanding what science has discovered regarding the influence of *faith on health*, at the individual and community level” (1997:1).

Wuthnow (1994) in his book, *Sharing the Journey*, gives a powerful demonstration of the healing power of the community through the “support groups”. It also shows the loss of the spirit of community and the yearning for the spiritual. Many examples are cited of well-known support groups such as the famous Alcoholic Anonymous with its twelve steps method, which puts very few obligations and requirements on people, which is characteristic of all support groups. What is informative for our task is that the church has been a leader in this for a long time, in the forms of Sunday Schools and Bible study groups. However, this source has been under-utilized, and now its full potential is revealed in the many people who formed such similar groups for different purposes. What is particularly appealing, as proceeds out of this book, and which might be vital for our task, is the amount of commitment despite the minimal amount of time spent on administration and “control”.

Despite the resourcefulness and the commitment of the community and the Church to take on such an alliance for the ministry of healing, there needs to be some form of coordination and training and supervision by professionals (Allen 1997:25). As much effort usually goes into the training of professionals for most health care services, much more than eagerness and commitment is needed.

5.5 Didache Training in Community Health Education

Christian health professionals should provide training, and the training of trainers, in the mode of *didache* – a teaching function of the church and a following up the Word (Fiet 1986). Every local church or community can provide health care promotion activities using non-professional volunteers to become healers manifesting the salvation of the kingdom. In the training there should be an integration of psychological and spiritual care with “existing medical and socio-economic services” (Allen 1997:24).

Involvement of the local geographical community should be solicited from the inception of the programme to maintain involvement, once trainers have been trained and the programme is in motion. "The local congregations as healing communities could be influenced by Christian health care professionals to function both as participants, recipients, and intersectorial collaborators in primary health care (25). Government and Non-Government Organizations (NGO) could be involved as silent/sleeping partners to sponsor such projects or provide support through other means.

Due to the constant dynamic interaction between physical, spiritual, mental, and socio-economic aspects, complex multidisciplinary teamwork and linkages will become necessary. There are dangers of multiplying staff beyond affordable level (Allen 1995: 26). Special training programmes in psychological and spiritual care as well as the whole-person approach will be necessary.

Integrating the spiritual, with its peculiar points of departure and methodologies, into the other dimensions and contexts calls for constant theological reflection, the study of anthropology, and incorporating insights with the discipline of medical and psychological scientific inquiry (Allen 1995: 27).

Professionals such as doctors, social workers, clergy, non-professionals and administrators must be willing to share power and resources to become part of a multidisciplinary group (Allen 1995: 31).

There should be a partnership between faith communities and health science communities, where open communication and understanding can be experienced with the hope of developing a mutual trust, which can hopefully lead to cooperative training, in which we can train each other in our specialties. Mutual respect between the Church, religious groups, and the government should exist so that none of the parties involved should use each other "to gain dominance in areas of personal interest" (Satcher 1994)

5.6 Cultural Sensitiveness and Openness

Wenger (1998) describes cultural openness as a "life-long stance that promotes cultural self awareness and continuing development of trans-cultural skills". She relates her experience as a nurse, where she experiences a need to increase "multicultural and trans-cultural knowledge base and practice in ways that include interdisciplinary and global perspectives, all of which will be enhanced through cultural openness."

There should be a cultural sensitivity in dealings among the Christian health care professionals and also a sensitivity to healers to those seeking healing. We should be wary of trying to reverse the Western-influenced traditions. Attempting to deal with differences of view or trying to persuade one another on each others views is to tread on cultural, political, sociological, economic and academic minefields (Allen 1997:30). On the other hand, Christians, who practise their Christianity from a Western perspective, should be cautious in dealing with their clients or patients from a Christian or Western perspective. It may make it difficult to work along other communities with different Christian or non-Christian faith persuasions.

Since the ‘Romanization’ of Christianity, which is referred to by Mead (1989) as the move from an “Apostolic paradigm” to a “Christiandom paradigm”, many of the developments of Christianity have been in the tradition of western Rome, which later became known as the Westernisation. Thus Christianity mainly became associated with the Western way of life. And whenever people became Christian, they became Western. Thus Christiandom has always been guilty of perceiving life through Western glasses, sometimes making it difficult to work along other communities with different perspectives, even other Christians of a different persuasion. In the light of this backdrop, there arises a need for cultural openness.

Cultural openness will provide us with the opportunity to share, for example in the rich heritage of the Jewish public health system which has stood the test of time, as was pointed out earlier in this paper. Saperstein (1994), who is a rabbi and attorney, points out a few important points, which will demonstrate the benefits of having an openness to other cultures. Firstly he informs us that the “patient has an obligation to obtain health care”, and this is because of the belief that “Our bodies and our souls belong to God” (Deuteronomy). This, to me is an indication that once we put our understanding of the body in proper perspective, we will start to take responsibility. His second point comes from the same text of Deuteronomy, emphasizing preventative medicine, exercise and regular visits to the doctor, and total abstinence from harmful foods and drugs. His final point comes as no surprise as it indicates the society’s responsibility towards the individual in the form of governmental intervention. This to me points out the gains to be obtained by the Church’s mission, by having a cultural openness.

5.7 Concluding Remarks

The healing ministry of the church has often been in the form of *kerygma* – proclamation. However, our society has grown and become more pluralistic and the need for something more empirical in terms

of salvation needs to be addressed. Faith healing has its moments and the need has arisen for the church to become more than a place of 'spiritual' healing, but also a place of wholistic healing that takes into account physical healing as was experienced in the time of Jesus. This is a healing which will address humankind in its immediate community and context.

The Church of God has been commissioned to such a task of utilizing its members, both professional health workers and trained lay members, in collaboration with the immediate geographical community and governmental service institutions. A mutual respect of one another's views, beliefs, philosophies and ideologies should exist to create an effective work situation in educating congregations how to fulfil effectively and contextually the ministry of healing from a wholistic dimension.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusion

This research papers has addressed a very fundamental task of the Church's commission to the world, the commission to heal. The Church has come to the realization that it is not alone in the task of healing, that healing and restoration is being attempted by many other institutions, organizations and systems of belief. However the points of departure all seem different, yet having one intention, to restore the well-being of humankind.

In response to the Church's healing task, we have allowed theology to enter into a dialogue with the healing sciences. De Gruchy's advice (1999:31), has guided us into considering the practice of medicine and the care of the sick, the healing ministry of the church, and the philosophical and ideological basis of medical science and theology. We started off by expounding on the ideologies and philosophies of theology, and science according to which medical science is practised.

In both theology and science, we picked up a discrepancy that led a trail back to an ancient Greek philosophy of Gnosticism against which Christianity protested. It resurfaced again in the mechanistic "Cartesian split between mind and matter". This concept had a detrimental lasting effect on the practice of medicine, the care of the sick, and the healing ministry of the church. The impact resulted in a distorted conception of man and his God-given abilities, resulting in a wrong conception of salvation as being a legal concept and seen in the light of sin and retribution. In the medical science, it resulted in the danger of dehumanising of humans as machines.

We, through the fundamental philosophy of theology as a science, should re-evaluated the identity of theology as practical theology and confirmed its ability to address contextual and empirical research scientifically. In the process we discover that theology and science, pastoral care and medical science are no strangers to the wholistic understanding of man. A common understanding and goal was identified within theology and science, especially with regard to the healing of humankind. We attempted to establish the broken bridges between science and theology in an attempt to *recapture* the wholistic view of man to effectively practice wholistic healing. Humankind was placed in its proper perspective as the 'Man of God', within humankind viewing themselves as God views him – realistically.

This proper perspective of humankind brought with it a proper understanding of salvation and its relation with the healing ministry of the Church. We notice a breaking down of the barriers of the sacred and the secular. However this does not make salvation and healing to be “one and the same”, but revealed a bipolar convergent relationship. In the relationship of salvation and healing, the roles of God and man were identified and science and theology became instruments of service for the Kingdom of God.

With a renewed and informed understanding of the nature of humankind as a wholistic being, the Church returns to its commissioned task to heal, armed with new insight and resources and partners. Healing is now seen in its broadness, where the social and geographical environment is acknowledged as an influencing factor of the physical health of people, and cultural sensitivity is applied. A subtle dualism is found in the separation of the individual from the community, and methods need to be implemented by the Church that will treat man wholistically, so that wholistic healing and salvation can be experienced as the “already” and the “not yet”.

6.2 Recommendations

In the light of the financial set backs faced by the South African medical services, the possibility of a project in which healing within communities and their social context as mentioned in chapter five is set, is worth considering. Such a program with much deeper and further research and adjustments, would be able to address many of the physical, spiritual, emotional, intellectual and social betterment problems of those admitted to the programme. A programme of similar interest, which will be primarily home-based care, will be attempted in the year 2002, focusing on the Helderzigt, Somerset West, community. This could serve as a chance to do empirical studies on this project to observe the dynamic interplay between Church, local communities, and Governmental or NGO institutes, and the ramifications it has on individuals and their well being, thus serving as an example for other local communities in South Africa.

The health and wholeness to which Jesus called people was not simply restoration of function or restored equilibrium or the elimination of the symptoms of disease. He invited people to a life of love and service to significance of Jesus’ asking his followers to take up his cross. (Westberg: 1979:21).

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